

Frequency of Benefits:

Exam, Lenses or Contact Lenses – once every 12 months from the last date of service.

Frames – once every 24 months from the last date of service.

Allowances:

Comprehensive Eye Exam – 100% covered, no copay.

Frame – \$165 retail allowance. Patient is responsible for all expenses over allowance.

Lenses – Standard (plastic) lenses are covered in full. A 20% discount will be granted of the retail price of non-covered lens options and upgrades (i.e. thinner lenses – polycarbonate/ high index, progressive lenses, anti-reflective coatings, Transitions, Etc.)

Contact Lenses (in lieu of eyeglasses) – \$65 allowance for exam, \$100 allowance for CL. Patient is responsible for any expenses over \$165.

Frequency of Benefits:

Exam – once every 24 months from the last date of service.

Allowances:

Comprehensive Eye Exam – 100% covered, no copay.

*This plan will cover an eye exam ONLY. Please reference the faculty, staf & student discount guide